

# STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B

PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

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## DIRECTIONS FOR NURSE LICENSURE BY EXAMINATION

**New Hampshire has a mandatory licensing law. To practice nursing in New Hampshire a nurse must have a current New Hampshire nurse license.**

If you require accommodations when taking this examination, obtain the "Request for Accommodation" form and submit that completed form with the examination application. If accommodation is not requested at the time of application, on-site accommodations will not be available.

Registration to test with the NCS Pearson (Pearson) is a separate process. An application and fee must be submitted to Pearson in addition to your examination application to the Board of Nursing. A *Candidate Bulletin* that will be sent to you contains all the information and a form for registering with Pearson, the testing company. Your eligibility to test will be transmitted electronically to Pearson.

If you are requesting a temporary license, contact the Board of Nursing for a Temporary License Application.

**Complete the New Hampshire application for License by Examination as instructed and mail to the New Hampshire Board of Nursing.**

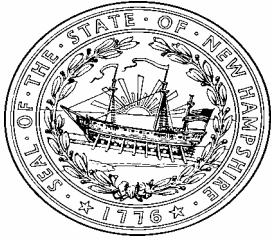
- \* Submit check or money order payable to "Treasurer, State of New Hampshire" in the amount of \$80.00;
- \* Final, official transcripts must be sent directly to the Board from the registrar of your nursing program;
- \* If transcripts are in a foreign language, the transcripts must be translated into English and notarized;
- \* Graduates of foreign registered nurse programs must submit official evidence of successful completion of the *Commission on Graduates of Foreign Nursing Schools examination (CGFNS)*. Canadian educated nurses are not considered foreign for this application.
- \* CANADIAN APPLICANTS ONLY: The completed verification form "Nursing Courses Successfully Completed," signed by the director of the nursing program attesting to program content, theory and clinical hours must be sent directly to the Board. Note: A CGFNS examination is not required.

Applicants must notify the New Hampshire Board of Nursing in writing of name and address change.

*Please note: Failure to provide all the requested information shall cause the application to be returned.*

FEES ARE NOT REFUNDABLE

**APPLICATION NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE**



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For Office Use Only:		Date	Initials
FEE: \$	_____	A. _____	_____
REC'D:	_____	B. _____	_____
CK/MO:	_____	E. _____	_____
TL.#.	_____	X. _____	_____
Reg.#	_____	C. _____	_____
Issue Date:	_____		

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

**APPLICATION: N.H. NURSE LICENSE BY EXAMINATION:**

**R.N. ( ) L.P.N. ( )**  
(Select One)

- Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Other Names Used)
- Mailing Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)
- Telephone: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Optional) (Month) (Day) (Year)
- Nursing School: \_\_\_\_\_  
Location: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)  
Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (OR) Anticipated graduation date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)  
Type of Program: Diploma ( ) Associate Degree ( ) Baccalaureate ( ) Master's ( ) Doctor of Nursing ( )
- Have you ever failed an examination for nursing or nursing assistant license? Yes ( ) No ( )  
If "Yes", indicate: \_\_\_\_\_  
(Type of Examination) (State) (Date)
- Anticipated employer:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)
- Have you ever:
  - ever had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? \*Yes ( ) No ( )
  - previously or currently been impaired by or diverted any chemical substance? \*Yes ( ) No ( )
  - been convicted of a felony or criminal act, not including traffic offenses? \*Yes ( ) No ( )
- Are you mentally and physically competent to practice nursing? Yes ( ) \*No ( )  
**\*Note: \*If "yes" to 7 a, b, c or "no" to 8, please attach a letter of explanation.**

**RELEASE OF INFORMATION**

I grant permission to the New Hampshire Board of Nursing to:

- release my licensure examination score to the school from which I graduated Yes ( ) No ( )
- release my licensure examination score to the National Council of State Boards of Nursing for cumulative statistical purposes Yes ( ) No ( )
- include my name and address on a New Hampshire computerized list of nurses that may be made available for purchase Yes ( ) No ( )

**UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).**

Full Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE**

**WANT MORE  
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at [www.state.nh.us/nhsp/](http://www.state.nh.us/nhsp/)
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at [www.state.nh.us/nursing/](http://www.state.nh.us/nursing/)



***IMPORTANT!***

**Don't risk a delay in getting  
your license issued or  
renewed!**

**Start the process early!**

**Your license will not be  
issued or renewed until your  
current Criminal  
Convictions Record has been  
received and reviewed by the  
Board of Nursing!**

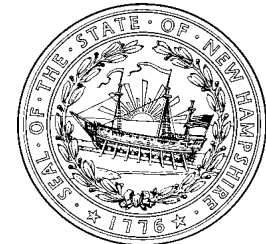
**You may not work without  
an active license!**

***THERE ARE NO  
EXCEPTIONS!***

***IT'S THE LAW!***

**Mandatory Criminal  
Background Checks for  
Nurses and Nursing  
Assistants**

**An Informational Brochure**



**New Hampshire  
Board of Nursing**

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New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

## CRIMINAL RECORD RELEASE AUTHORIZATION FORM

### SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

### SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

#### New Hampshire Board of Nursing

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE \_\_\_\_\_

**NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**



### ***CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!***

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

### ***REMEMBER!***

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

### ***QUESTIONS?***

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

**Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?**

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

**How many weeks before I renew my license can I start this process?**

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

**How long will this process take?**

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

**If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?**

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

## **CRIMINAL BACKGROUND**

### **CHECKS**

### **IT'S THE LAW!**

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, [www.state.nh.us/nursing](http://www.state.nh.us/nursing). The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

### **YOU MUST**

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

### **REMEMBER!**

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your current Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.

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